

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2000 / July 1, 2000

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.280

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 11.05m

b. FFY 2000-2001 \$ 22.1m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-D Part II Page 40

10. SUBJECT OF AMENDMENT:

Intermediate Care Facilities for the Developmentally Disabled (ICF/DD)

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H., Dr. P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

June 30, 2000

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

17. DATE RECEIVED:

18. EFFECTIVE DATE OF APPROVAL MATERIAL:

07/01/00 04/01/00

21. TYPED NAME:

Sue Kelly

22. TITLE: Assistant Regional Administrator
Division of Health and State Operations

23. REMARKS:

For the rate periods beginning January 1, 1997, April 1, 1997 and July 1, 1997, 2.53 percent will be added to the 1997 component of the trend factor.

For the rate periods beginning April 1, 2000 and July 1, 2000, a 2.1 percent supplemental trend factor will be added to the 2000 component of the trend factor. This supplemental trend factor will be effective April 1, 2000 for all State operated facilities and for voluntary operated facilities in Regions II and III, and effective July 1, 2000 for voluntary operated programs in Region I. In recognition of the January 1, 2000 to December 31, 2000 rate year for voluntary operated facilities in Regions II and III, the 2.1 percent trend factor will be adjusted to 2.8 percent for the period April 1, 2000 to December 31, 2000.

- (2) Where appropriate, the commissioner shall use some combination in whole or in part of the yearly components to project cost data into the appropriate rate period.
- (h) Appeals to rates.
- (1) The commissioner will consider only the following appeals for adjustment to the rates which would result in an annual increase of \$1,000 or more in a facility's allowable costs, and are:
 - (i) needed because of changes in the statistical information used to calculate a facility's staffing or utilization standards; or
 - (ii) requests for relief from the standards contained in subdivisions (d) or (e) of this section which were applied to costs used in calculating the base period and subsequent period rates.
 - (iii) Appeals for adjustments needed because of material errors in the information submitted by the facility which OMRDD used to establish the rate, or material errors in the rate computation.
 - (iv) Appeals for significant increases in a facility's overall base period operating costs due to implementation of new programs, changes in staff or service, changes in the characteristics or number of individuals, changes in a lease agreement so as not to involve an affiliate, capital renovations, expansions or replacements which have been either mandated or approved by the commissioner and, except in life-threatening situations, approved in advance by the appropriate State agencies.
 - (2) Notification of first level appeal.
 - (i) In order to appeal a rate in accordance with subparagraphs (1)(ii-iii) of this subdivision, the facility must send to OMRDD an appeal application by certified mail, return receipt requested, either within 90 days of the facility receiving the rate computation or 90 days of the beginning of the rate period in question, whichever is later.

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TN 00-25 Approval Date 06/06/01
Supersedes TN 96-22 Effective Date 04/01/00 & 07/01/00